



Title: Weep Venting System

Application Number: 10/623,936

Filing or 37(c) Date: 7/21/2003

Applicant: James R. Keene

Inventor: James R. Keene  
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**Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address**

**Honorable Commissioner for Patents:**

Sir:

Attached are a Revocation of Power of Attorney and a New Power of Attorney and Change of Correspondence Address in respect of United States patent application number 10/623,936 filed July 21, 2003 by James R. Keene for Weep Venting System.

Respectfully submitted,

  
Ramon D. Foltz

Attorney Registration No. 24,162



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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/623,936
Filing Date	7/21/2003
First Named Inventor	Keene, James R.
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

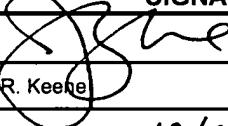
<input checked="" type="checkbox"/> Firm or Individual Name	Ramon D. Foltz				
Address	9870 Partridge Trail				
City	Kirtland	State	Ohio	Zip	44094
Country	United States of America				
Telephone	(440) 367-5673	Email	doylefoltz@roadrunner.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	James R. Keene		
Date	12/27/07	Telephone	(216) 514-4284

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/623,936
Filing Date	7/21/2003
First Named Inventor	Keene, James R.
Title	Weep Venting System
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ramon D. Foltz		
Address	9870 Partridge Trail		
City	Kirtland	State	Ohio
Country	United States of America		
Telephone	(440) 367-5673	Email	doylefoltz@roadrunner.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/27/07
Name	James R. Keene	Telephone	440 605 1020
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

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